MAR 28 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5737

1. PLACE OF DEATH

County Moniteau Registration District No. 214

Township Burris Fork Primary Registration District No. 7774-B

File No.

Registered No. 4

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Emmett Gail Felber

(a) Residence. No. Russellville Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Youth

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 9th 1926

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
3	2	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Russellville
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Emmett N. Felber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Olean,
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Otta Dampf

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russellville,
(STATE OR COUNTRY) Mo.

14. INFORMANT Emmett N. Felber
(Address) Russellville, Mo.

15. FILED 2-11, 1930 Hugh L. Enloe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 13th 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb., 1929, to Feb 13, 1930 that I last saw h. alive on Feb 13, 1930 and that death occurred, on the date stated above, at 7 Am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epilepsy
Pneumonia

..... (duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) TB

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. L. Leslie M. D.

, 19 (Address) Russellville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Enloe Cemetary	Feb. 14 1930
20. UNDERTAKER	**ADDRESS**
G. N. Steffens	Russel[illegible] Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD